Multiple Dependent Claims

Fee Paid (\$)

Paperwork Reduction Act of 1995, no persons are required to of information unless it displays a valid OMB control or Effective on 12/08/2004. Complete if Known Fees pursuant to Consolidated Appropriations Act. 2005 (H.R. 4818) 10/696,103 **Application Number** FEE TRANSMIT October 29, 2003 **Kiling Date** Karl Paul Kroetsch st Named Inventor NOV 1 4 2005 for FY 2005 Teresa J. Walberg aminer Name ☐ Applicant Claims small entity status. See 37 CFR 1. DP-310502 (60408-401) Attorney Docket No EV 695474929 US **TOTAL AMOUNT OF PAYMENT** Express Mail Label # METHOD OF PAYMENT (check all that apply) Money Order Check Credit Card None Other (please identify):_ Deposit Account Name: Howard & Howard Deposit Account Number: __08-2789 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1: BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity Small Entity** Fees Paid (\$) **Application Type** Fee(\$) Fee(\$) Fee(\$) Fee(\$) Fee(\$) Fee(\$) 200 100 \$1000.00 300 500 250 Utility 150 \$ Design 200 100 100 50 130 65 \$ 80 Plant 200 100 300 150 160 \$ 300 150 500 250 600 300 Reissue 100 0 0 0 Provisional 200 2. EXCESS CLAIM FEES **Small Entity** Fee(\$) Fee(\$) Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 200 100 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 360 180 Multiple dependent claims

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each

\$130 fee (no small entity discount)

Fee(\$)

Fee(\$)

\$200.00

Extra Claims

X HP = highest number of total claims paid for, if greater than 20

Extra Claims

HP = highest number of independent claims paid for, if greater than 3

0 x

additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof \$ 0.00 -100 =/50 =(round **up** to a whole number) x Fees Paid (\$) 4. OTHER FEE(S)

Fee Paid (\$)

Fee Paid (\$)

Non-English Specification, Other:

Total Claims

7-20 or HP =

Indep. Claims

1 - 3 or HP =

SUBMITTED BY Complete (if applicable) 22,180 248-723-0352 Name (Print/Type) Registration No. Attorney/Agent) Telephone November 14, 2005 Date Signature

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria,

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Karl P. Kroetsch et al.

Appl. No.: 10/696,103

Filed: October 29, 2003

Title: END CAP WITH INTEGRAL PARTIAL REINFORCEMENT

Art Unit: 3753

Examiner: Teresa J. Walberg

Docket No.: DP-310502 (60408-401)

AMENDMENT

Mail Stop RCE Commissioner of Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Dear Sir:

In response to the Office Action mailed 10/14/2005, Applicant wishes to amend the application as follows. A version of the pending claims are presented having necessary markings to show the changes made and the current status of all pending claims in compliance with 37 C.F.R. §1.121.

Amendments to the Specification are reflected on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 6 of this paper.